APPENDIX A

Report of The Family Life Committee of the New Jersey State Board of Education, August, 1979

In January of this year, P. Paul Ricci, president of the State Board of Education, appointed a five-member committee to examine and recommend improvements in existing state policy on teaching sex education in the public schools. The committee's study was divided into a review of the current policy, a summary of data relating to teenage sexual activity, an examination of the lack of sex education courses and recommendations for policy changes.

The first section of the report gives a brief history of the current policy and analyzes whether it has encouraged the development of sex education courses.

The second part summarizes data examined by the committee and includes national and state statistics on teenage sexual activity, pregnancy and the incidence of venereal disease. Included in this section is information that shows shifts in traditionally held attitudes about sex education.

The third section examines the gap that exists between several adopted state goals dealing with health and the failure to provide sex education courses.

In the fourth and final section, the committee recommends that the state board replace the present optional policy and institute a new policy which would require local boards to develop courses in family life education for all students. The second request to the state board is that this policy guarantee parents and guardians the

right to have their children excused from any parts of the program which conflict with their conscience. The third recommendation explains the need for services in the schools for pregnant teenagers and teenage parents.

The current policy on sex education was adopted by the state board on January 4, 1967. The sex education policy was suspended from July 1969 to July 1970, when the Commissioner of Education placed a mortatorium on the development of new programs in sex education.

The moratorium was rescinded through legislative action allowing the development of these programs.

The 1967 resolution recommends that local boards of education develop appropriate programs in sex education. This policy of allowing local districts to develop programs contained several important principles. Among these were that

> sex education is a shared responsibility of the home, the church and the school;
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> sex is more than the physical process and needs to be understood by relating it to the total adjustment of the individual family and social settings;
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> sex education does not lend itself to moralizing or telling, but to the development of individual values and beliefs.

The committee reaffirms and believes these principles are as relevant and accurate today as they were when they were written. However, the committee does not accept the optional nature of the original policy because it failed to provide instruction in family life and sex education for all the students in our schools.

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The Department of Education surveyed the county offices to estimate the number of children who receive sex education instruction. The survey found that fewer than half the districts offer these courses and that only 40% of New Jersey's children and adolescents have the opportunity to study sex eduaction while in public school. The committee learned that the majority of sex education courses are offered in the middle grades or in high school while very few programs begin in the elementary grades.

The student representative's comments and analysis of this issue were particularly valuable for the committee. He pointed out that many students are formally introduced to sex education facts and concepts for the first time in their senior year of high school. By that time, he noted, many have reached their eighteenth birthday and adulthood.

The student member called for more comprehensive instruction in family life and sex education. He told the committee that the present optional policy for local boards does not encourage the development of new programs. He further stated that the policy does not lead to comprehensive programs that meet student needs for information, discussion and clarification of beliefs and values at sufficiently early ages.

Societal Facts and Attitudinal Changes

The committee studied the societal changes of the last decade affecting the behavior of young people. Although most of those facts are familiar, they bear repetition when a sex education policy comes under review:

young girls mature at an earlier age than they did a decade ago;

the American family is in a state of transition; divorce rates are high; many children are raised in single-parent family settings; more mothers are working for economic and psychological reasons;

sexual activity among teenagers has increased; it has been estimated that only 20% of those who are sexually active use any form of birth control;

the number of teenage pregnancies continues to increase each year; there is mounting concern for this problem and this year Congress passed legislation to provide pilot programs for pregnant adolescents and teenage parents;

in the United States one in five births are to teenagers between 15 and 19; in 1977, the most recent year for which we found statistics, one million babies were born to girls between the ages of 10 and 18;

in New Jersey in 1977, twelve thousand babies were born to girls between 15 and 19; 60% of these girls were unmarried;

of the teenagers who do become pregnant when in school, about 80% drop out and do not return to complete their education;

research studies continue to show that babies born to adolescent mothers are more apt to be premature and underweight; babies of low birth weight often suffer from a lag in development throughout their early years which affects their ability to learn in school;

the incidence of venereal disease in both males and females continues to rise.

The committee learned that these societal phenomena have changed traditional attitudes towards teaching sex education in the public schools. A Gallup poll taken in January, 1978, showed that 77% of the public favored teaching sex education in schools, including the discussion of contraceptives. When students were polled on similar subjects, 95% of those questioned requested instruction in sex education and wanted to receive more explicit, physiological information at earlier ages than they were currently receiving it.

In a recent CBS radio poll, both parents and children agreed that sex is the topic of conversation that both groups find most difficult to discuss together. If the CBS sample holds true nationwide, one can believe the findings of a Syracuse University professor who maintains that less than 25% of children and young people learn about sex from their own parents. Most children, he believes, receive information and misinformation from their peers.

The committee attempted to discover if there were any research studies that showed a direct link between the teaching of sex education and the decline in teenage pregnancy and venereal disease rates. There were no specific longitudinal studies that proved or disproved this point. However, one study done in several newly developing nations showed a correlation between an increase in literacy and women's abilities to control their own bodies. A study from Scandinavia showed that widespread sex education results in a reduction of vio-

lent crimes and a decline in the sale of pornographic literature. Also, recent research has concluded that costs for providing care for pregnant teenagers and for babies who are born prematurely, who may grow up to suffer from learning disabilities, are very high.

Statutory Authority and State Goals

According to a recent opinion from the Attorney General's office, the State Board of Education has the statutory authority to change the present optional policy on teaching sex education to one that is binding on local boards.

The authority rests in NJSA 18A:35-5. The law states that:

> "Local boards are required to provide courses in health, safety and physical education . . ."

The Deputy Attorney General, in a letter to the state board president, said the state board may determine by regulation that sex education is a necessary component of health programs and may authorize local boards to offer courses as electives or, if mandatory, to permit excusal on conscience grounds. The Deputy Attorney General also advised the board that it could require local districts to adopt courses of study in accordance with course outlines developed by the Department of Education.

The committee recognized that several state educational goals adopted in NJAC 6:8-2.1(6), as part of the T&E legislation, supported its growing belief that all

children in the state should have the opportunity for instruction in sex education.

They interpreted goals number seven, eight, nine and eleven to mean the teaching of sex education in the schools should be required, if those goals were to be attained. The seventh goal stipulates that "public schools shall help every student to acquire the capacities for playing satisfying and responsible roles in family life."

The eighth state goal stipulates that "public schools shall help every pupil to acquire knowledge, habits and attitudes that promote personal and public health, both physical and mental."

The ninth state goal stipulates that "public schools shall help every pupil to acquire an understanding of ethical principles and values and the ability to apply them to his/her own life."

The eleventh state goal stipulates that "public schools shall help every pupil to develop an understanding of his/her own worth and abilities, potentialities and limitations." The committee concluded that it is the state board's responsibility to insure the achievement of these goals.

Recommendations

The committee believes the State Board of Education should revise and expand its policy on teaching sex education courses in public schools.

Because so many children are deprived of the opportunity to receive instruction in sex education and because of increasing rates in teenage sexual activity, teenage

pregnancy and venereal disease, the committee makes the following four recommendations:

that the study of family life education as part of the sequential comprehensive K-12 health education curriculum be required.

Rationale: The committee has selected family life education rather than sex education because it believes that children need to know more than technical information about their developing bodies and reproductive systems. Changing the name of the subject does not weaken the committee's conviction that students need to receive this technical information about human sexuality. However, the information must be appropriate to the age, growth, and development of the students. However through family life education the committee also hopes to ensure opportunities for students to understand the responsibilities and consequences of becoming a parent, to discuss the advantages and disadvantages of becoming sexually active at an early age and to see the consequences and problems of contracting a venereal disease. The committee believes that family life education is a better, more comprehensive rubric under which to study how to weigh options, clarify decisions and develop personal and social values than is the narrower label of sex education.

Values in this context means the universal values that underly all religions and cultures and that protect and nurture civilized interpersonal relationships. These values include respect, honesty and compassion for self, and others.

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that the state regulations provide for an excusal policy from sections of the curriculum dealing directly with sex education based on parental grounds of conscience.

Rationale: We believe that parents should have this prerogative and that their children's educational performance, grades and ability to graduate should not suffer as a consequence of their being excused from portions of the family life programs.

that districts provide appropriate services to assist pregnant teenagers and teenage parents.

Rationale: Twelve thousand teenagers became pregnant last year in New Jersey. Medically, this is a high risk group. Low birth weights for this group far exceed the average for older mothers. Children born below 2,500 grams run increased risks in terms of physical and mental development. Teenage pregnancy remains the major cause of female dropouts nationally. While state law does not permit the exclusion of pregnant teenagers from the regular school program, for many of these students the regular program is inadequate.

Under New Jersey law, pregnant teenagers are considered handicapped and are eligible for special programs. However, few districts in the state provide either special education or support services for these students. Evidence indicates that special programs can reduce dropout rates, increase the health of mother and child and be

implemented with little or no additional local expense.

that the Department of Education be directed to prepare for consideration of the board, administrative code to implement the above recommendations.

Concluding Statement

The success of any state educational policy rests ultimately with the citizens and professionals who must implement it, including Department of Education staff, local board members, local and county administrators, parents and teaching staff members. Without committed and knowledgeable adults involved at every level in the development of family life programs the benefits will be limited.

Because of the particularly delicate nature of this subject matter, the committee senses the need for giving local districts sufficient time for development. Adequate time is needed for planning for in-service programs for teachers and for acquainting parents and interested community members with the curriculum. The committee does not expect this policy to be fully implemented until September, 1981. However, if some districts can comply with it before this date, we believe that the students in these districts will be the beneficiaries.

The Department of Education has advised the committee that there is an adequate number of classroom teachers at the elementary level and health professionals at the secondary level who are certified to teach family life education. But, we are also aware that a teacher does not necessarily have to be a trained health professional to

answer students' questions on this topic. Many students choose to discuss delicate matters about sex and family life with teachers who make them feel comfortable but who may not be the health professionals. These teachers should be encouraged to make substantive contributions to the family life program.

The committee is conscious that schools in recent months have been required to teach a number of specific courses: drug education, alcohol education and rape education. However, we believe that family life education is the cornerstone for all these courses. Family life provides the context for approaching these other areas.

The committee agrees with a recent comment made by a man who is a medical doctor and the director of health services at a nearby university. When asked to comment on the plethora of mandated subjects in the health area, and particularly on the teaching of family life education in the schools, he said, "If policy-makers, administrators and teachers do a good job in planning and teaching these subjects to this generation of children, perhaps the need for such learning and teaching will disappear in the future."

The year 1979 is the International Year of the Child. It is a year when adults will not only honor children, but attend to their many pressing social, economic and educational needs.

It is with the hope that we are attending to the educational needs of the children and young people of New Jersey that the committee asks the state board to adopt a new policy—one that requires the teaching of family life education in the public schools.

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